

**NSLS  
PROCESS KNOWLEDGE CERTIFICATION FORM**

**Note:** this form should not be confused with/substituted for the BNL Hazardous Waste PKCF.

Description of the Item and Quantity: \_\_\_\_\_

☐ YES                      Unsure of material's history and believe a survey is warranted  
(If "YES", skip to "Certification/B" and request a survey.)

If you know the history of your material, answer the following:

☐ YES      ☐ NO      Has the item been in an area where it could be radiologically activated or contaminated? (If "NO", skip to "Certification/A." If "YES", then complete all questions below, go to "Certification/B" and request a survey.)

☐ YES      ☐ NO      Was this item ever exposed to a beam or other source of particles (i.e.; neutrons, protons, etc.) capable of causing activation?

☐ YES      ☐ NO      Was this item ever in an area where the potential existed for contamination due to the presence of unencapsulated or unconfined radioactive material?

**CERTIFICATION**

**A. Clean Material:** Based upon my knowledge of the origin, storage, use and potential exposure of the material, I certify that radioactivity has not been added to the material.

\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Life #

\_\_\_\_\_  
Date

**B. Potentially Radioactive Material:** Based upon my knowledge (or lack thereof) of the origin, storage, use and potential exposure of the material, I request the material be surveyed to ensure it is free of added radioactivity.

\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Life #

\_\_\_\_\_  
Date

***Radiological Control Technician (M. McAvoy & R. Zantopp)***

Survey the material for contamination/activation utilizing the appropriate FSS procedures.

☐ Releasable

☐ Unreleasable

Comments: \_\_\_\_\_

\_\_\_\_\_  
Surveyor's Signature

\_\_\_\_\_  
Life #

\_\_\_\_\_  
Date